

POS: Pharmacy Claim Submission

This section provides step-by-step procedures for submitting pharmacy claims online with the Point of Service (POS) device. A 10 cent fee will be deducted from the reimbursable amount of each approved claim transaction submitted through the POS network. Only pharmacy providers can submit and be reimbursed for claims submitted through a POS device.

Overview

Claims that require documentation in any form must be billed with a hard copy or Computer Media Claim. POS network claims cannot be billed with remarks or documentation.

If you have questions regarding the operation of the POS device, the meaning of messages, or what to enter at a given prompt, refer to the appropriate section of your Medi-Cal provider manual or this user guide, or call the EDS POS/Internet Help Desk at 1-800-427-1295.

Pharmacy Claim Submittal

If you swipe a Benefits Identification Card (BIC) through the device, the recipient's information coded on the magnetic stripe will appear in the appropriate fields. To accept this information, press <ENTER>.

Begin Transaction With a BIC

After swiping the BIC through the device, the screen will display the following.

**PRESS FUNCTION KEY
TO START TRANSACTION**

Press the <PHARM> key to initiate a pharmacy transaction, then press "1" (PHARMACY) to begin entering a pharmacy claim submittal transaction.

Begin Transaction Without a BIC

If you do not swipe the BIC, you must enter the requested information at each prompt and press <ENTER>. You must know the issue date on the BIC to successfully enter a pharmacy transaction.

To begin a pharmacy transaction without a BIC, press the <PHARM> key from the "WELCOME TO MEDI-CAL" screen to initiate a pharmacy transaction. Press "1" (PHARMACY) to begin entering a pharmacy claim submittal transaction.

**1: PHARMACY 2: REVERSE
3: CANCEL**

Provider Number

The POS device will then prompt you for your provider number. Enter your provider number and press <ENTER> or enter the shortcut key and press <ENTER> twice. Shortcut keys are explained in the *POS: Software Maintenance Functions* section in this user guide.

PROVIDER NUMBER:
PHA4567890

Submitter ID Number

The POS device will then prompt you for your submitter ID number. Enter your three-digit submitter ID and press <ENTER>.

SUBMITTER ID:
123

Recipient ID Number

The POS device will then prompt you for the recipient ID number. Press <ENTER> to accept the number shown or enter the correct number and press <ENTER>.

RECIPIENT ID:
9876543210

Recipient Gender

The POS device will then prompt you for the recipient's gender. Press <ENTER> to accept the gender shown or enter the correct gender ("M" or "F") and press <ENTER>.

RECIPIENT GENDER:
M

Birth Year and Month

The POS device will then prompt you for the recipient's birth year and month. Press <ENTER> to accept the date shown or enter the correct date (CCYY-MM) and press <ENTER>.

Newborn Infant Using
Mother's ID

If you are billing for services to a newborn infant using the mother's ID number, you must enter the mother's birth month and year at this prompt, not the infant's.

BIRTH YEAR AND MONTH:**1955-05**

Date of Issue

The POS device will then prompt you for the date of issue shown on the BIC. Press <ENTER> to accept the date shown or enter the correct date and press <ENTER>.

DATE OF ISSUE:**96-02-01**

Place of Service Code

The POS device will then prompt you for the Place of Service code. If the recipient is in a facility, enter the appropriate Place of Service code and press <ENTER>. (Place of Service codes are explained in the *Pharmacy/Medical Supplies Claim Form Introduction/Completion* section in your Medi-Cal provider manual.) Otherwise, press <SK> to skip this field.

PLACE OF SERVICE**C**

Date of Service

The POS device will then prompt you for the date of service. The POS device will display, as a default, the system date internally set in the device. If a different date of service is needed, enter the date (YY-MM-DD) and press <ENTER>. If the default date is the correct date, press <ENTER>.

DATE OF SERVICE:

96-03-15

Detail Line Number

You will then see a screen that will tell you on which detail line number (1, 2, 3, or 4) you are about to enter information. Press <ENTER> to begin entering claim detail information.

LINE 01:

Prescription Number

The POS device will then prompt you for the prescription number. Enter the prescription number and press <ENTER>.

Note: You must not have identical prescription numbers on the same dates of service. If you do have identical numbers, reversals may not work. It is recommended that if your prescription number system generates identical prescription numbers on the same days, that you modify your system so that this does not happen.

PRESCRIPTION #:

1234567

NDC/UPC Number

You will then be prompted for the National Drug Code (NDC) or Universal Product Code (UPC) number. Use the appropriate code from the package containing the drug you are dispensing.

Zero Fill NDC Numbers

All NDC numbers must be 11 digits long. NDCs printed on packages often have fewer than 11 digits with a dash (-) separating the number into three segments. For a complete 11-digit NDC, the first segment must have five digits, the second segment four digits and the third segment two digits. Add leading zeros wherever they are needed to complete a segment with the correct number of digits. For example:

<u>Package Number</u>	<u>Zero Fill</u>	<u>11-digit NDC number</u>
1234-1234-12	(01234-1234-12)	01234123412
12345-123-12	(12345-0123-12)	12345012312
2-22-2	(00002-0022-02)	00002002202

Enter the appropriate 11-digit NDC or UPC and press <ENTER>.

NDC/UPC:**12345012312****Quantity**

You will then be prompted for the quantity. The correct measurement unit is listed beside each item in the Medi-Cal List of Contract Drugs in your Medi-Cal provider manual. This is the measurement unit you should use for billing.

Always enter whole numbers in this field.

Rounding Up

Fractions of a gram or cc's should be adjusted upward to the next whole number.

Example: Inhaler 22.5cc – enter as 23.

If there are digits to the right of the decimal point, round up to the next whole number before multiplying out to the full quantity to be billed. For example, if the item comes in 2.5cc ampules, and the billing unit is cc's, and three ampules are dispensed, round up the 2.5 to 3 and multiply it by 3 to arrive at a billing quantity of 9.

Enter the quantity and press <ENTER>.

QUANTITY:**9**

pos5
6

Days Supply

You will then be prompted for the days supply. Enter the estimated days supply of the drug billed and press <ENTER>.

DAYS SUPPLY:

3

Charge

You will then be prompted for the charge. Enter your usual and customary charge for the drug billed in dollars and cents (DDCC) and press <ENTER>.

Note: If you are entering a whole dollar amount (for example, \$25.00), you must enter zeros in the cents area or you will enter 25 cents instead of \$25.00. You may enter up to \$9,999.99.

CHARGE:

\$ 25.00

Patient SOC Amount

You will then be prompted for the Share of Cost (SOC) amount. If the recipient does not have a Share of Cost, press <SK> to skip this field. Otherwise, enter the amount, for this claim line, that the patient has paid toward the Share of Cost liability in dollars and cents (DDCC) and press <ENTER>.

Note: If you are entering a whole dollar amount (for example, \$25.00) you must enter zeros in the cents area or you will enter 25 cents instead of \$25.00.

If you skip this field, and the recipient has a Share of Cost, your claim will be denied and you must submit an eligibility verification transaction to determine the Share of Cost amount.

PATIENT SOC AMOUNT:

\$ 25.00

Code 1 Restriction Met?

You will then be asked if the Code 1 restriction has been met. Enter "Y" to indicate a Code 1 restriction has been met and press <ENTER>. If the drug does not have a Code 1 restriction, press <SK> to skip this field.

CODE 1 RESTRICT MET:

Y

Billing Limit Exception Code

You will then be prompted for the billing limit exception code. Press <SK> to skip this field. At this time, there are no valid codes that can be entered in this field without causing the claim to deny.

Note: If your claim is over six months old, bill a hard copy or Computer Media Claim.

BILLING LIMIT EXCPT:

Prescriber's License Number

You will then be prompted for the prescriber's State License Number. Enter the prescriber's State License Number and press <ENTER>.

PRESCRIBER LICENSE #:

A23456

TAR Control Number

You will then be prompted for the Treatment Authorization Request (TAR) Control Number (TCN). Enter the entire 11-digit TCN and press <ENTER>. If there is no TAR, press <SK> to skip this field.

TCN:

12345678901

DUR Conflict Codes
and Messages

If one of the DUR problems listed below has been identified and resolved during the filling of the prescription, enter the applicable standardized DUR conflict code and press <ENTER>. Otherwise, press <SK> to skip this field.

Note: Only these codes can be submitted with the initial transmission.

LD	Low Dose	SX	Drug-gender
MN	Insufficient Duration	HD	High Dose
LR	Underutilization	DA	Drug-allergy
PA	Drug-age	PG	Drug-pregnancy

If you send the claim to the Medi-Cal Host computer without a code in this field, and the Host detects DUR conflict(s), the Host will respond with the following code(s):

LD	Low Dose	MN	Insufficient Duration
HD	High Dose	MX	Excessive Duration
LR	Underutilization	DA	Drug-allergy
PA	Drug-age	PG	Drug-pregnancy
SX	Drug-gender	DD	Drug-drug Interaction
ID	Ingredient Duplication	TD	Therapeutic Duplication
ER	Overutilization	MC	Drug (Actual)-disease
AT	Additive Toxicity	DC	Drug (Inferred)-disease

DUR CONFLICT CODE:

LD

**DUR Intervention Codes
and Messages**

You will then be prompted for a DUR intervention code. If a DUR problem has been identified and resolved during the filling of the prescription, enter the applicable standardized DUR intervention code and press <ENTER>. Otherwise, press <SK> to skip this field.

If you are responding to one or more DUR alerts from a previous claim submittal, choose one alert to respond to and enter the applicable DUR intervention code and press <ENTER>. The DUR intervention codes are as follows:

M0 Prescriber consulted
P0 Patient consulted
R0 Pharmacist consulted other source

Note: 0 = Zero

DUR INTERVENTION:**M0****DUR Outcome Codes
and Messages**

You will then be prompted for the DUR outcome code. If a DUR problem has been identified and resolved during the filling of the prescription, enter the applicable standardized DUR outcome code and press <ENTER>. Otherwise, press <SK> to skip this field.

If you are responding to one or more DUR alerts from a previous claim submittal, enter the applicable DUR outcome code for the alert you have chosen to respond to and press <ENTER>. The DUR outcome codes are as follows:

1A Filled, false positive	1E Filled with different drug
1B Filled prescription as is	1F Filled with different quantity
1C Filled with different dose	1G Filled with prescriber approval
1D Filled with different directions	
2A Prescription not filled	
2B Prescription not filled – directions clarified	

DUR OUTCOME CODE:**1B**

See the *Medi-Cal DUR Manual* for additional information about DUR.

Detail Line Number

All of the specific fields related to entering a detail line have now been entered. Repeat this process for each of the remaining lines. You may enter up to four line details per claim. At this point, you may press <ENTER> to enter more detail lines or press <CANCEL> to go to the "SEND..." menu and press "1" (SEND) to send the claim.

LINE 02:

Response Received

When a response is received, you will hear two or four beeps and the following screen will be displayed:

**RESP. RECEIVED. USE
RE-EDIT TO REVIEW**

You will receive this message whenever a response is received regardless of whether it is an approval, a denial or a DUR alert. Press <ENTER> and you will see the "SEND..." menu again. Press "2" (RE-EDIT) to review the claim response. Press <ENTER> at each screen to go to the next screen.

If you receive a response such as "HOST NOT AVAILABLE" or "PLEASE TRY AGAIN – TO", send your transaction again. If you continue to receive these messages, call the EDS POS/Internet Help desk at 1-800-427-1295.

Paid Claim

Choose the re-edit function and press <ENTER> to move through the screens to the "LINE 01" prompt. If the claim has been paid, the recipient's name will appear and the following screen will be displayed.

Note: The amount paid will vary depending on the drug and amount billed.

**LINE 01:
PAID \$0023.50**

More Than One Line Billed

If you billed more than one line, continue to press <ENTER> until you have seen the "LINE..." prompt for all of your claim lines.

Note: It is possible for one line to pay, one to deny and one to generate a DUR alert, or any combination of the three.

Printing

If you wish to print the response for all claim lines, press <CTL><P> or <F12>.

Denied Claim

Choose the re-edit function and press <ENTER> to move through the screens. A two-character National Council for Prescription Drug Programs (NCPDP) Reject Code in parentheses in any field indicates that your claim has been denied. For example:

(52) RECIPIENT ID:
123456789

NCPDP Reject Codes

To determine the reason for the denial, look up the code in parentheses in the *NCPDP Reject Codes for the Medi-Cal-Supplied POS Device* section in the *Medi-Cal Pharmacy Provider Manual*. In addition to the code and an explanation, there will be a billing hint offering suggestions of what to do when receiving a specific denial.

You will also see the following screen:

LINE 01
ERROR

Correcting Errors

Continue pressing <ENTER> until you have seen all the fields and NCPDP Reject Codes. After you have determined the reason for the denial, you must correct any errors and send the claim again. If the denial is the result of a billing error, return to the "SEND..." menu screen and press "2" (RE-EDIT). Press <ENTER> to move through the screens until you come to the screen that contains the error and correct it. Once all errors are corrected, return to the "SEND..." menu and send your claim back to the Host.

If the denial is not the result of a billing error (for example, the recipient has other coverage or has not yet cleared Share of Cost liability), take the appropriate action (for example, bill the other coverage carrier or clear the Share of Cost liability) and then resubmit the claim, if necessary.

More Than One Line Billed

If you billed more than one line, continue to press <ENTER> until you have seen all the fields for all the claim lines.

Note: It is possible for one line to pay, one to deny and one to generate a DUR alert, or any combination of the three.

Printing

If you wish to print the response for all claim lines, press <CTL>
<P>
or <F12>.

DUR Alert Generated

Choose the re-edit function and press <ENTER> to move through the screens to the "LINE 01" prompt. If the claim generates a DUR alert, you will see the following screen:

<p>LINE 01</p> <p>DUR ALERT</p>

Press <ENTER> and move through each screen to reach the "DUR Information" screen.

Note: You will pass the DUR conflict, intervention and outcome screens before you come to the DUR information screen.
For example:

DUR CONFLICT CODE:

DUR INTERVENTION:

DUR OUTCOME CODE:

DUR INFORMATION:

DUR CONFLICT CODE:

LD

SEVERITY INDEX CODE:

0

OTHER PHARMACY INDICATOR:

0

PREVIOUS FILL DATE:

0000-00-00

PREVIOUS FILL AMOUNT:

0000

DATABASE INDICATOR:

1

OTHER PRESCRIB. INDICATOR:

0

DUR MESSAGE:

MIN DOSE = 0001.000 EA/DAY

More Than Three
DUR Alerts

The POS device will display up to three DUR alerts per claim line and will tell you if more than three alerts have been generated. If this happens, call the EDS POS/Internet Help Desk at 1-800-427-1295 to inquire about additional alerts.

More Than One Line Billed

If you billed more than one line, continue to press enter until you have seen the "LINE..." prompt for all of your claim lines.

Note: It is possible for one line to pay, one to deny and one to generate a DUR alert, or any combination of the three.

Printing

If you wish to print the response for all claim lines, press <CTL>
<P>
or <F12>.

DUR Codes
and Messages

The following codes and messages apply to DUR alerts:

<u>Severity Index Code</u>		<u>Other Pharmacy Indicator</u>	
0	N/A	0	N/A
1	Major Significance	1	Same Pharmacy

<u>Previous Fill Date</u>		<u>Database Indicator</u>	
00000000	N/A	1	First DataBank
CCYYMMDD Previous Fill Date			

<u>Other Prescriber Indicator</u>	
0	N/A
1	Same Prescriber
2	Other Prescriber

If you are unsure of the meaning of a message, refer to the appropriate section of your Medi-Cal provider manual or call the EDS POS/Internet Help Desk at 1-800-427-1295.

Responding to DUR Alerts

After each alert, the POS device will display the following screen:

1: REVIEW ALERT AGAIN
2: NEXT DUR ALERT

Then enter the applicable DUR conflict, intervention and outcome codes in the appropriate fields.

DUR Conflict Codes
and Messages

When you see the "DUR CONFLICT CODE" screen, enter the applicable standardized DUR conflict code for the alert you have chosen to respond to and press <ENTER>. The DUR conflict codes are as follows:

LD	Low Dose	MN	Insufficient Duration
HD	High Dose	MX	Incorrect Duration
LR	Underutilization	DA	Drug/Allergy
PA	Drug/Age	PG	Drug/Pregnancy
SX	Drug/Gender	DD	Drug-Drug Interaction
ID	Ingredient Duplication	TD	Therapeutic Duplication
ER	Overutilization	MC	Drug (Actual)-Disease
AT	Additive Toxicity	DC	Drug (Inferred)-Disease

DUR Intervention Codes
and Messages

You will then see the “DUR INTERVENTION” screen. Enter the applicable DUR intervention code for the alert you have chosen to respond to and press <ENTER>. The DUR intervention codes are as follows:

M0 Prescriber consulted
P0 Patient consulted
R0 Pharmacist consulted other source

Note: 0 = Zero

DUR Outcome Codes
and Messages

You will then see the “DUR OUTCOME CODE” screen. Enter the applicable NCPDP DUR outcome code and press <ENTER>. The NCPDP DUR outcome codes are as follows:

1A Filled, false positive	1E Filled with different drug
1B Filled prescription as is	1F Filled with different quantity
1C Filled with different dose	1G Filled with prescriber approval
1D Filled with different directions	
2A Prescription not filled	
2B Prescription not filled – directions clarified	

See the *Medi-Cal DUR Manual* for additional information about DUR.

Cancel Out of Re-edit

If at any time you press <CANCEL> to cancel out of re-edit, and one or more fields have been changed, the following prompt will be displayed:

FIELD MODIFIED

CONTINUE (Y/N)?

Pressing “Y” will return you to the “SEND” menu. Pressing “N” will allow you to retain the re-editing function.

Send Claim Again

Once all fields have been verified and are correct, press <CANCEL> and the "Send..." menu will be displayed. Press <1> (SEND) to send your corrected claim to the Host.

You will see the following screen. Press <ENTER>. Your transaction is now complete unless you choose to re-edit.

**RESP. RECEIVED. USE
RE-EDIT TO REVIEW**

Note: Pressing "3" (SOC) at the "SEND..." menu will allow you to access the Share of Cost function. See the *POS: Eligibility Transaction Procedures* section in this user guide for information about how to submit Share of Cost transactions.

Pharmacy Claim Reversal

If you wish to reverse a claim that has been submitted and paid, you may submit a reversal through your POS device.

**WELCOME TO MEDI-CAL
SWIPE CARD**

From the "WELCOME TO MEDI-CAL" screen, press <PHARM> to initiate a pharmacy transaction. Press "2" (REVERSE) to begin entering a pharmacy claim reversal transaction.

**1: PHARMACY 2: REVERSE
3: CANCEL**

Provider Number

You will then be prompted for your provider number. Enter your provider number and press <ENTER> or enter the shortcut key and press <ENTER> twice. (Shortcut keys are explained in the *POS: Software Maintenance Functions* section in this user guide.)

**PROVIDER NUMBER:
PHA456780**

Submitter ID Number

You will then be prompted for your submitter ID number. Enter your three-digit submitter ID and press <ENTER>.

SUBMITTER ID:

123

Prescription Number

You will then be prompted for your prescription number. Enter the prescription number of the claim you want to reverse and press <ENTER>.

PRESCRIPTION #:

1234567

Date of Service

You will then be prompted for the date of service. The POS device will display, as a default, the system date internally set in the device. If a different date of service is needed, enter the date (YY-MM-DD) and press <ENTER>. If the default date is the correct date, press <ENTER>.

DATE OF SERVICE:

96-03-15

Send Menu

After entering the date of service, the "SEND" menu will be displayed. Press "1" (SEND) to instruct the POS device to dial the Medi-Cal Host computer and send the transaction. After the transaction is processed, the Medi-Cal Host will send back a response. You can print the response on the printer.

1: SEND

2: RE-EDIT

3: SOC

4: M/S

5: CANCEL

Sample Pharmacy
Reversal Response**PHARM. REVERSAL
ACCEPTED**

If you are unsure of the meaning of a POS message, refer to the appropriate section of your Medi-Cal provider manual. Call the EDS POS/Internet Help Desk at 1-800-427-1295 if you have further questions or are having problems operating the POS device.

Other Options

Pressing “2” (RE-EDIT), will allow you to make changes to the information you just entered. The POS device will display each field and the information you entered. To get to the next field, just press <ENTER> until you come to the field you want to change. If at any time you press <CANCEL> to cancel out of re-edit, and one or more fields have been changed, the following prompt will be displayed:

**FIELDS MODIFIED
CONTINUE (Y/N)?**

Pressing “Y” will return you to the “SEND...” menu. Pressing “N” will allow you to retain the re-editing function.

Once all fields have been verified and are correct, keep pressing <ENTER> until the “SEND...” menu is displayed.

Note: Pressing “3” (SOC) at the “SEND...” menu will allow you to access the Share of Cost function. See the *POS: Eligibility Transaction Procedures* section in this user guide for information about how to submit Share of Cost transactions.